

1094 U.S. PTO
09/638648
08/14/06

	Subclass	ISSUE CLASSIFICATION
	Class	

PATENT NUMBER

U.S. UTILITY Patent Application

O.I.P.E.

NY
SCANNED

3
O.A.

PATENT DATE

APPLICATION NO. 09/638648	CONT/PRIOR	CLASS 544.	SUBCLASS	ART UNIT 1646	EXAMINER 78525
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APPLICANTS

David Stern
Ann Schmidt
Shi Yan
Berislav Zlokovic

TITLE

Method to increase cerebral blood flow in amyloid angiopathy

PTO-2040
12/09

ISSUING CLASSIFICATION

ORIGINAL		CROSS REFERENCE(S)			
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)		
514	1	514	2	4H	
INTERNATIONAL CLASSIFICATION		800	3		
A 01 N 61/00		530	387-1		
A 01 N 37/18					
A 01 N 93/04					
G 01 N 33/00					
C 07 K 17/00					

Continued on Issue Slip Inside File Jacket

<input checked="" type="checkbox"/> TERMINAL DISCLAIMER	DRAWINGS			CLAIMS ALLOWED	
	Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.G.
		NONE	13	1	
<input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.	THAI-AN N. TON (Assistant Examiner) _____ (Date) _____			NOTICE OF ALLOWANCE MAILED	
<input checked="" type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent No. 6,627,299				ISSUE FEE	
				Amount Due	Date Paid
<input type="checkbox"/> The terminal _____ months of this patent have been disclaimed.	(Primary Examiner) _____ (Date) _____			ISSUE BATCH NUMBER	
	(Legal Instruments Examiner) _____ (Date) _____				

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(FACE)

Issue Classification				Application No.	Applicant(s)	
				09/638,648	STERN ET AL.	
				Examiner	Art Unit	
				Thai-An N Ton	1632	

ISSUE CLASSIFICATION				CROSS REFERENCE(S)			
ORIGINAL				SUBCLASS (ONE SUBCLASS PER BLOCK)			
CLASS	SUBCLASS	CLASS		2	44		
514	1	514		2	44		
INTERNATIONAL CLASSIFICATION				800	3		
A	0	1	N	61/00	530	387.1	
A	0	1	N	37/18			
A	0	1	N	43/04			
G	0	1	N	33/00			
C	0	7	K	17/00			

Thaian N. Ton 3/04/04 (Assistant Examiner) (Date)		DEBORAH CROUCH PRIMARY EXAMINER GROUP 1808/163 Deborah Crouch 3/5/03 (Primary Examiner) (Date)		Total Claims Allowed: 9	
W Phillips 3-10-04 (Legal Instruments Examiner) (Date)				O.G. Print Claim(s)	O.G. Print Fig.
				1	NONE

<input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input checked="" type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
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